PSYCHOLOGICAL ASPECTS OF IDIOPATHIC EPILEPSY.

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PSYCHOLOGICAL ASPECTS OF IDIOPATHIC EPILEPSY.

With the progress of scientific research certain words have come to be less frequently used in the designation of disease. Such a word is "idiopathic" which may be taken here to be synonymous with "primary", "essential", or "unconnected with or preceded by other diseases".

Whilst the term has altogether disappeared from certain branches of medicine, it is still retained as a designation of a form of epilepsy - by far the most common - which would seem to arise as a hereditary complaint and in which there are no signs of the existence of cerebral disease.

In this sense the conception of "idiopathic epilepsy" stands in sharp distinction from Jackson epilepsy or other epileptiform convulsions in which a definite cause can be found in gross structural changes in the brain.

Although it is alleged that the majority of cases of idiopathic epilepsy will eventually be excluded from that category, it must be admitted that, as far as our present knowledge goes, associated causes of this disease have only been traced in a small number

of cases. The term then remains and is of use in specifying that particular form of the disease characterized by loss of consciousness and by convulsions arising independently and dissociated from any other disease or deformity.

Much pathological research has been carried out and numerous theories have been advanced to explain the phenomena characteristic of epilepsy. They have in common the opinion that the cause of the disease is to be found in some organic disease or physical disturbance.

The classic studies of Hughlings Jackson have given rise to the widely supported theory of Cortical Instability. In this theory the epileptic is assumed to be a person whose cortical neurons are so irritable that they liberate nervous energy either spontaneously or as a result of the mildest excitant.

Dr. John Turner (A) claims that the epileptic convulsions are due to the occlusion of the vascular supply to the cortex owing to the formation of blood clots within the cortical vessels. The presence of such clots has been successfully demonstrated.

The vasomotor theory, by which the occurrence of the convulsions is explained by a spasm taking place in the arteries of the brain, has been generally

abandoned.

A more widely accepted theory is that purporting to explain the occurrence of the epileptic convulsions as the result of toxic bodies in the blood-stream. Krainsky (B) claims to have produced a typical fit in animals by injecting defibrinated blood, drawn from an epileptic whilst in a convulsion. He declares the toxic substance to be Ammonium Carbamate.

Although there is a fairly general agreement in regard to the pathological findings, there is still much difference of opinion regarding the part they play in the production of the phenomena of the disease. In many cases there is also some dubiety as to whether these findings are primary changes or secondary to the disease.

This being so, an apology is not required for dealing with the psychological aspect of the disease. I do not commit myself to saying that it has a primary psychological causation. The purpose of this thesis is to show that certain psychological characteristics exist which are peculiar to the epileptic. Secondly, that in many cases the epileptic convulsion is a physical manifestation of purely psychological processes; lastly, that a psychological view is of great benefit as tending to introduce new, and it is urged,

more satisfactory methods of treatment. To this I should add the qualification that my cases are those which have eventually come to a mental hospital, either on account of actual insanity or imbecility, or because of such conduct as makes their staying at home impossible.

That this is a necessary qualification is seen by the fact that the neurologist generally views the epileptic patient from an angle entirely different to that of the psychiatrist. Each point of view has its associated advantages and disadvantages.

The point of view of the neurologist is exemplified in a recent article from Dr. James Taylor (C) in which he says: "The Colony physician has a narrow and restricted view of these phenomena because his patients are of a class only suitable for institutional treatment..... It does not at all follow that the numerous patients subject to occasional convulsion (many of them active and useful and energetic members of society are to be regarded as the subjects of the same psychica condition as those institutional inmates." He concludes: "It is only the discovery of associated conditions which reveals the true nature of the convulsions and the more one sees of these convulsions in what is called ordinary epilepsy, the more is one

driven to the acceptance of Hughlings Jackson's dictum that 'there is no such thing as a case of ordinary epilepsy'."

In marked contrast to the above is the following statement by Doctor Pierce Clark (D): "The Colony physician has a broader view of the whole problem. The physician in private practice sees little of his patient's personality and individual reactions, and often only obtains a record of attacks and their allied symptoms upon which he may base his therapy ... one finds in the neurological literature in contradiction to the psychiatric or psychological view, an attempt to find an organic basis for the epileptic make-up just as some authors strive to see many of the mental characteristics produced by the social restrictions which the interned epileptic endures as a result of his malady."

Approaching the problem, admittedly, from a psychiatric view point, I shall try to divest myself of any prejudice it may occasion but before recording my observations I shall trace briefly the history of the psychological study of the disease.

No serious psychological study of the epileptic constitution seems to have been made before 1861 when Jules Falret (E) wrote: "The intellectual disorders

observed in epileptics may be divided into three principal categories. First, those which manifesting themselves in the intervals between the attacks are independent of these and constitute the habitual mental state of epileptics: secondly, those which occur temporarily, before, during or after the attack and may be considered epiphenomena of the attack itself; third and last, intellectual disorders more or less prolonged, which, coming on in paroxysms, either directly connected with the convulsive phenomena, or occurring independently of these, specially deserve the name of epileptic insanity."

Long before Falret's time we find many studies of the epileptic mentality but they necessarily lack the detailed examination of the psychological characteristics which have made his works of such value.

Descriptions of the epileptic are to be found in the works of Hippocrates and Aristotle. Celsus in the first century wrote: "Intense thoughtfulness or fatigue of mind is also to be guarded against, for application of mind is not safe for those who are subject to this disorder."

Galen, by his writings in the second century, shows that he was aware of the tendency which strong emotions possess in precipitating the paroxysms.

An excellent description of the characteristics of the epileptic is to be found in the works of Coelius Aurelianus in the fifth century. "The mind is anxious and uneasy, prone to anger on the slightest occasions, forgetful of circumstances almost immediately before transacted, ready to be clouded and overcast with the impression of gloom and melancholy."(F)

In recent years a vast amount of literature has appeared dealing with the psychical manifestations of epilepsy, but chiefly as seen in its minor forms, or petit mal, in the epileptic equivalents, in post epileptic automatism and in the phenomena of double personality. Only a small amount of literature is to be found which deals with the less dramatic psychological characteristics of ordinary or idiopathic epilepsy. Recently, however, the writings of Pierce Clark and others, following on Falret's observations, have afforded a new impetus to the study of the disease from this viewpoint.

Characteristic of the epileptic is his egocentricity coupled with an unbounded belief in his own ability to accomplish that which, for him, is impossible. He is constantly striving to attain things beyond his scope and buoyed up by his unreasonable self-confidence does not realise the true state of

affairs. He will not admit that the desired goal is out of his reach nor will he give up trying until forced to abandon his project. May we not cite as examples of this Julius Caesar and Napoleon, both of whom suffered from epilepsy? It seems inevitable that these names should be quoted. At least they appear in almost every article on epilepsy and have been brought forward to substantiate various irreconcilable views as to its effect on mental integrity.

The epileptic is essentially egotistic, ideas of an altruistic nature seldom being entertained unless they are likely to prove beneficial to him in furthering his own aims and purposes. It is true that one often sees an epileptic in an insititution helping an attendant to deal with a patient in a fit, but are the motives for his action altruistic? He is extremely inquisitive and meddlesome and may even derive a certain amount of pleasure from watching the discomfort of others. Especially is this the case if he himself has been instrumental in bringing about such discomfort. Furthermore he is vain and constantly on the look out for praise. His help then should not be regarded as an act of good fellowship but rather as a deed accomplished for personal gain. Stoddart (G) interprets their action as "an infantile characteris-

tic, for children like to identify themselves with their mother and to help her in something she is doing. At least those readers who are familiar with psychoanalysis will discern the possibility that to the unconscious mind of the patient the attendant may symbolise the mother."

The epileptic does not subordinate his interests to those of his fellows. On the contrary, he expects others to fit their plans in with his.

One of my patients was accustomed to going out with a walking party until it was discovered that he sometimes had a strong seizure whilst en route. It was then pointed out to him that it would be to the greatest good of the greatest number were his name to be erased from the list. He was informed that, owing to his fit, the whole party was delayed. This did not influence him. His argument was that the party would benefit by the short spell of rest. He was next told that, although a sufficient number of attendants was detailed for each party normally, it was inadequate in the eventuality of some of the patients having fits. His reply was: "Well, make the party smaller and let fewer of <u>us</u> go."

Good fellowship is not for the epileptic. He regards himself as a unit entire, apart and distinct

from every other human being. He is altogether unsociable and rarely does he take part in games which involve the subordination of his ego to the influence and will of others, and which, of necessity, need consideration of their feelings as well as his own.

No type of patient is more unreasonable than the one under consideration. Argument is useless - it may even be harmful to the patient inasmuch as it may produce a seizure. Fixity of purpose is deeply ingrained and he is not easily swayed by argument. Moreover, he is so completely self-absorbed that he is resentful and shows hostility towards anything that is not in harmony with his own views. He will not accept an order and obey it cheerfully. He may do what he is told, but he does it with such ill-humour as to cause himself great uneasiness and stress of mind. Perhaps cheerful before the order was given, he now becomes sullen and his natural irritability is increased. It only needs the very weakest stimulus to rouse him to anger which may find expression in either fit or fight.

Epileptics when roused are capable of a great degree of violence and brutality. In a mental hospital, however well managed, fighting is the rule, not the exception. Any chance word, any misinterpreted

glance, is sufficient to stir his emotions to the point of battle. Nor is he scrupulous in his dealings with his opponent when once the conflict has begun. He takes advantage of every opportunity that presents itself and does not hesitate to use his feet in addition to his fists. Herein one recognises an atavistic tendency and a reversion to a more primitive type. His instincts are criminal and murder is not stopped at if he is thoroughly aroused.

"There is no form of insanity that, outside asylums, is more frequently the cause of murders, except, perhaps, the alcoholic."(H)

If, after the fight, he is asked to give an account as to the origin of the trouble, he will insist on the blame being attached to the unhappy opponent. He is always the offended or injured party so that by striking his opponent he acts in self-defence.

This brings us to another of his faults, namely, untruthfulness. He has reduced the process of lying to a fine art, and often it is difficult to detect him in his falsifications. His lies are not always of the innocent and harmless type but tend rather to reflect upon others. He harbours a spirit of revenge for a lengthy period of time and will often bring

false reports concerning the person upon whom he wishes to be revenged. These reports are frequently the source of much trouble. I remember an instance in point where a patient "X", having had a quarrel with another epileptic "Y", some weeks previously, reported that "Y" had made improper overtures to him. Now "Y" was already under observation for this particular offence and this accusation served to strengthen the case against him. However, the affair being thoroughly investigated, the whole of "X's" evidence was discredited.

The above instance is very frequently observed to take place either just before or after the occurrence of fits and then would be an example of Falret's second type, or, what he terms the epiphenomena of epilepsy.

Another instance is of two patients who had been very friendly for some time and then the friendship was severed owing to some trifling incident. "X" desired to be revenged and so he stole and concealed a table knife. The count was taken shortly afterwards and the knife reported missing. A thorough search was instituted but was of no avail. "X" voluntarily gave information to the effect that "Y" had taken it. "Y" denied all knowledge concerning the missing

article but, having a bad reputation, was placed under close surveillance. The knife was eventually recovered after two days, "X" being discovered in the act of replacing it in a conspicuous position.

This spirit of falsification and revenge manifests itself particularly in regard to attendants. Patients constantly bring charges against them and accuse them of all manner of things. Sometimes they will even show the doctor self-inflicted bruises in order to make the charge more realistic.

Epileptics are generally very deceitful. How often has the attendant in charge of the epileptic ward said to the medical officer after the latter had conversed with an apparently docile and good-natured patient: "You should have heard him yesterday, sir; he was calling you all the names imaginable and telling us what he would do to you if ever he got you alone."

Such is the nature of the individual that he can speak pleasantly and act amiably towards one but all the time is secretly harbouring some grievance and planning some revenge. His homicidal tendencies are very marked and it needs but little to kindle the glowing fire within him. Clouston (J) quotes as an example the case of a man who, though he was apparently attached to him, sought an opportunity to fell him

by means of a stocking heavily loaded. This the patient had kept up his sleeve so that it would be to hand on the first opportune moment. Clouston, however, tells us that the man was only in this condition when suffering from the effects induced by his fits and that the man had no recollection of this untoward behaviour when in his normal state of mind. Here then we have another example of the epiphenomena of epilepsy.

The epileptic is usually a pietist and his "religious emotionalism takes the form of a strong and perverted kind."(K) He reads his bible constantly, sings hymns and, to the casual observer, is sincere in his devotions. Often, however, he will stop his worshipping and roundly curse anyone who happens to have annoyed him. Stoddart (L) discerns from his behaviour that this emotion is probably masochistic in origin.

He is a great flatterer and tries to ingratiate himself by the use of terms of endearment. Letters written by epileptics frequently contain the word "dear" or "kind" ad nauseam. I have repeatedly observed this in the correspondence of my epileptic patients, their manner of writing forming a striking contrast to that observed in the letters of other

inmates.

He is extremely vain and jealous. Uniforms attract him and the more resplendent the uniform the greater is its attraction for him. He will wear every ribbon and decoration and generally takes pride in overdressing. Colour appeals to him but he has no taste in the matter. Anything flaring and loud in character attracts his attention. It is not that he has any particular liking for an individual colour. No, he prefers a mass of colours, none of which blends with the other, and which shows his coarseness of taste and perversity of finer sensibility.

His jealousy is intense. Should one of his fellow patients be granted a privilege, one is certain to be badgered by the remaining inmates of the ward all making similar requests for the privilege to be granted them. He is never satisfied and is incessantly grumbling and his querulousness is a marked feature of his mentality. He loves to make trouble by reporting things to persons in authority. He much prefers to report things, not to the person directly over him, such as an attendant, but to the person to whom the attendant is responsible, hoping thereby to get the attendant into trouble. Often he will not complain even to the doctor in charge of the ward, but

awaits a suitable opportunity to inform the Medical Superintendent, or, it may be, a Commissioner in Lunacy.

He is supersensitive and has to be approached with the greatest tact. Especially is this true of his seizures which he regards as an affliction. He sets himself up as an object to be pitied and tries to elicit sympathy. He is always solicitous of any sympathetic kindness shown him. Marsh (M) writing in the American Journal of Medical Science, says: "He will not be satisfied with any sympathy shown him.....sympathy he does not want.....a plain understanding is all that is necessary to satisfy him." My experience is that sympathy goes a long way in dealing with the epileptic.

As stated before, his mentality is such that he will not countenance anything which is in direct opposition to his own particular ideas, but, by sympathising with him, he is brought to a more reasonable state of mind and a plain understanding can then be put before him.

From the foregoing it will be seen that one of the most marked features of the epileptic mentality is infantilism. It is not, therefore, surprising that we should find in the majority of these patients,

as far as sexual life is concerned, a psychologically infantile type. Their "libido" - to use the psychoanalytic phraseology - is fixed in the early autoerotic or "mother-attachment" period. This psychological sexual fixation is in part demonstrated in the very frequent practice of masturbation amongst the patients. It is admittedly more commonly found in the epileptic than in the other wards and I consider it, not as some do as a cause of the malady, but as one expression only of that infantilism which is one of their essential characteristics.

I have already said that I do not commit myself to a belief of the universal psychological causation of epilepsy. There are, however, certain cases which have come under my observation in which this would seem to be the only possible interpretation. I do not intend to say, even regarding these, that the psychological element is primary.

The inter-relationship between the emotional states and that complex and much discussed group of organs, classed as the Endocrine organs, is well known. We see in Exophthalmic Goitre an expression of the emotions, or rather of that particular emotion called fear, in the tremor, the tachycardia and the protruding eyeballs. But, here again, we cannot

definitely state that the emotional disharmony did not originate as the result of some physical disturbance.

In the manic-depressive states there is torpidy of feeling and profound mental lethargy alternating with bouts of violence and excitement. There are also the harsh skin, constipation and many other signs indicative of intestinal intoxication, but where is the causative agent to be found in this vicious circle partly mental and partly physical?

Mott (N) contends that endocrinal disturbances occasion the onset of Dementia Praecox. He claims to have found in this disease definite changes in the interstitial glands.

Jung (O) regards the physical manifestations as secondary to the psychological factors, holding that the formation of toxins and the tissue degeneration are brought on by the original psychological "introversion."

In epilepsy, then, it may be that a toxaemia of some kind serves to originate the pathological mental processes which find their expression in a seizure. Or, it may be that there is some disturbance of the internal secretory balance in these cases which makes the onset of seizures more likely. However that may be

there seems to be, in the cases I am about to record, an immediate psychological causation.

One of my cases had a history of having had several seizures during boyhood, but during the period of adolescence had been free from his fits. He became engaged to be married, the engagement lasting some years. During most of this period he was quite well but towards the end of it he became worried and depressed. He began to consider whether, after all, it was a correct and proper thing for him to have become engaged with a history such as he had of convulsions during boyhood. The possibility of begetting children who might themselves be afflicted with the same dire malady continued to harass him. His worry became more intense as the fateful marriage day approached and with this, growing excitement which terminated on the eve of his wedding day in a typical epileptic convulsion. This then was the solution of his difficulties, making his marriage impossible. It provided for everyone an adequate excuse and allowed him to evade the responsibility of a state which would have been out of harmony with his infantile mental make-up.

Another case was that of a man who had been under a long period of observation. He had had no

fits at all for some months and his relatives were constantly applying for his release from the hospital. Finally it was decided to let him go out on a month's trial and the patient was acquainted with the news. He had three weeks to wait until the Discharge Committee should meet and during all this time he kept perfectly well and free from seizures. The night prior to the Committee Meeting, however, he had a succession of fits and he was put back for another month. During this month he was also singularly free from his attacks, until the eve of the next Committee Meeting when he repeated his previous performance. In consequence he was put back for another month. On the third occasion he was discharged to his relatives.

Two striking instances are quoted by March (P) The first is that of a naturalised American of Armenian extraction who had joined the American Army. His wife and children had been killed during the Armenian massacres. His company sergeant, also American born, was of German parentage and presented the characteristics regarded as typical of the Teuton. Consequently whenever the Armenian came into contact with him, remembering the fate of his wife and children, he was tortured by feelings of bitter enmity.

He acquainted his Company Officer with the fact and in consequence was detailed for duty at the Officers' Mess where he would not be so likely to meet the teutonic-looking sergeant. One fateful day, however, the two met and the sergeant began to upbraid him for something he had either done or left undone. Realising that he was unable to offer any resistance to one of superior rank he "faced him in anger until in emotional exhaustion he fell unconscious and the emotion went on to an abnormal expression in a typical grand mal attack."

The second instance is that of an American soldier who was going back to his home in America. On leaving France he was subjected to a medical examination according to the routine of the army. It was then found that he had a venereal lesion, rather suspicious in character, and he was informed that he would have to be kept back for a period of observation. He had looked forward to his departure with the keenest anxiety and, knowing that he had not exposed himself to infection, his mental shock was so great that he had a seizure like a typical epileptic fit.

The same writer tells us that "our mental states, whether we are conscious of them or not, are the

motive power behind our efforts to do or to get things for ourselves or for those in whom we are interested. With such motive force calling for expression five different ways are found as an outlet for these feelings." When we want to do or get something we may be successful, in which case our emotional states are satisfied and there is no mental conflict. We may be unsuccessful and worry about our misfortunes. Profound depression follows and, to the individual concerned, suicide appears as the only avenue of escape.

Thirdly, we may be unsuccessful and cease trying. This is the path usually chosen by a normal being when confronted by unsurmountable obstacles. He realises that it would be useless to expend his energies in this direction and avoids the danger of too great mental stress by diverting his energies towards other goals.

"The fourth way of meeting a difficulty is a manifestation seen in insanity. In this condition, often complicating epilepsy, the unnatural habit is made of escaping an intolerable situation of unsurmountable circumstances through a mental state made more tolerable in a world of imagination, where hallucinations, illusions and delusions play a make-

believe part."

Lastly, we may be unsuccessful and our resultant stress of mind may express itself in the nature of an epileptic convulsion. We have seen before that the epileptic is so wrapped up in his own likes and dislikes and has such unbounded confidence in his own ability to do things, that he must either be successful in his undertakings or succumb in his efforts. He will not recognise defeat and give up trying, as does the normal man, but, with his characteristic fixity of purpose, will pursue his objective until forced by a convulsion to abandon his quest.

The four cases quoted surely illustrate that the grand mal attacks were engendered by an exceptionally strong emotion. In the first of them the particularly long period during which the fits were in abeyance and their recrudescence at the moment of the emotional crisis is remarkably striking. Here the difficulty which confronted our patient has been met by the production of an epileptic convulsion. He could not meet the difficulty in the aggressive way open to the normal man. The natural mode of escape was one which would have led him out of his infantile realms to face the full responsibility of married life. Instead, he escaped this situation - intolerable to his unconscious

and, it may be, to his conscious mind - by the production of a seizure.

In regard to the second case, what adequate hypothesis could be presented in the nature of either a recurrent toxaemia or of a cortical instability which chose to assert itself just at these times? The immediate causation is surely to be found in the state of excitement of the patient at the prospect of his long looked for liberty.

That he should have the fit is but a natural consequence of his mental over-activity. It has been proved that every single thought or idea is accompanied by muscular action. If I sit in my study and think of a game of cricket in which I have participated, my muscles respond and I live the part as though I were actually playing. As the result of all this activity then there must be some degree of fatigue which calls for rest for the body generally. This is usually obtained in the form of sleep. This, then, is the natural sequence of events following upon ordinary mental activity. Extraordinary mental activity or over-activity, such as is produced by a violent emotion, is followed by an <u>abnormal</u> degree of fatigue which calls for an immediate arrest of all functions. It does not wait for natural sleep to

supervene but demands immediate stoppage of work and the result is unconsciousness. This loss of consciousness is not sufficiently deep to affect the motor centres, but the higher brain centres are fatigued and put out of action. Their inhibitory effect on the motor centres is therefore lost so that the latter, during the unconscious period, cause an excessive, purposeless and inco-ordinated muscular activity. In this loss of consciousness, accompanied as it is by uncontrolled muscular action, one recognises the typical epileptic convulsion.

The third contention that is advanced is one of considerable importance. It is, that a psychological view is of great benefit as tending to introduce new and more satisfactory methods of treatment.

Epilepsy has been viewed, hitherto, as we have seen, entirely from the organic standpoint and it is only natural that the treatment sought to relieve or cure it in accordance with this view. Such treatment has been almost entirely restricted to the exhibition of various drugs. Of these, the Bromide salts of Potassium, Sodium and Ammonium have been the most commonly used. Sometimes these drugs are given singly, oftener in combination. Various devices have been used in prescribing them, such as the well known

substitution of the bromide salt of sodium in place of its fellow, the chloride, in ordinary diet. There are also various adjuvants which have had the reputation of accentuating the action of the bromides, such as Belladonna and Digitalis which is supposed to be specially beneficial in cases of nocturnal epilepsy. Recently Potassium Boro-Tartrate, advocated as a method of treatment by Pierre Marie, has been extensively tried, although, as far as my own personal experience of it goes, I have not discovered any good results accrue from its use.

Now, the rationale of the methods of treatment that have been detailed above, is the subjugation of the convulsions or the sensations which are admittedly only the outward manifestations of a deep underlying disease. In other words, the treatment is purely symptomatic. Indeed, the action of the bromide salts - "the sheet anchor in the treatment of epilepsy" - is not yet fully understood, although it cannot be denied that they generally reduce the number of fits in the majority of patients. The bromides cause a characteristic depression of the nervous system thereby lessening the number of stimuli to the motor areas of the cortex. In addition Albertoni found that the irritability of the motor areas of the dog's brain was

very distinctly reduced by the administration of bromides, and in particular, that a stimulus which normally would have spread over a wide area and would have given rise to an epileptiform convulsion, caused only localised contractions after bromides (Q). It would appear, then, that the bromides are only of use in combating the effects of the stimulus. They do not attack the stimulus itself, which may, at any rate in a large number of cases, be of psychical origin. Moreover for this drug to be thoroughly effective, it must be given in large doses covering lengthy periods of time, and it is generally agreed that "its administration must be carried on for two years after the occurrence of the last attack of any kind." (R)

These disadvantages might not be seriously considered in such a dread malady were it not that the effect of the bromide is highly deleterious. Cushny in describing the effect of large doses of bromide on the system says "the memory is especially defective, sometimes sudden lapses occurring, sometimes a general inability to remember the most recent events, being met with. The patient is indifferent to his surroundings, speaks slowly and stammers, mispronounces ordinary words or misses several words out of a

sentence. The gait is uncertain and tremor often accompanies any movement, the expression of the face is stupid and apathetic and the eyes are heavy and lack lustre."(8)

It is unfortunate that so little progress in the knowledge of this disease has been made that we have to use a drug which produces just those conditions which we are fighting against.

Had the bromides been less successful in subduing the convulsions we should have long ago looked around for other, perhaps more enlightened, methods of treatment.

One which, in the fashion of the age, has thrust itself into notice is the psychological method. It is to the consideration of this that my attention will be devoted. It has been seen from the foregoing pages that the epileptic with all his notorious failings is, none the less, often amenable to skilful management. I have, on several occasions, been struck with the extraordinary difference in the behaviour of my epileptic patients when a tactful attendant, who well understood the power of a soft answer turning away wrath, was absent: and have found myself confronted by groups of complaining patients whom the substitute could not in any way pacify. This

experience alone shows the possibilities of a psychological mode of treatment. The wise and discreet handling of that class of patient is really an attenuated form of psycho-therapy.

The rationale of the psychological treatment is to make an effort to train the epileptic to make proper adjustments to his surroundings. We have seen that he has a mental make-up peculiar to his type, that he is so wrapped up in his likes and dislikes, so constantly striving for the unobtainable, that he is consequently unable to meet a situation after the manner of a normal man. From his earliest years his education must be undertaken so as to overcome those inherent defects of character and to fit him for the role which he will have to play in life. This shows, then, how necessary it is to establish the diagnosis as early as possible and it is affirmed by some writers that this can be effected even before the onset of the convulsions. It is stated that, apart from the study of the mental characteristics of the epileptic himself, much information is to be gained by studying the family history, as certain characteristics of epilepsy are to be found in the relatives of the patient although they themselves do not suffer from the disease. In regard to this, I have not

had the opportunity of observing the characteristics typical of the epileptic prior to the onset of the disease: but I must admit that I have seen many of the features common to the epileptic amongst visitors who come to see their relations.

We know that the fit itself is a regressive phenomenon, a flight from the harassing unpleasantness of life to a state of peace and harmony and that it is a protective mechanism. The reaction to these environmental difficulties is in the nature of a fit. Obviously then the patient must be made to avoid all stress of mind, he must be cajoled from an unhappy state to one more pleasant - an undertaking which requires the greatest tact and consideration, for it must be borne in mind that he is very resentful and that his emotional states are intensified in the face of direct opposition. If he can be encouraged to view all things from a broad-minded aspect so as not to feel too keenly the disappointment of any particular failure, it will be all for his good. To get him pleasantly occupied is the keynote of success. Let him cultivate his hobbies; for in this way his mind is distracted from the unpleasant things of life and in this the colony system of treatment of epileptics has done untold good.

It will be seen that the "psychotherapeutic treatment" hitherto applied in epilepsy has been for the most part unconscious, it has been, so to speak, a common sense method of treatment. In the future, it must go beyond an occasional attempt to reduce the stresses of life, beyond a haphazard adjustment of the patient to his environment, it must become a deep persistive and intensive training, formed from a thorough study of the phenomena of the infantility and of the regression of the individual epileptic.

If there is any substantial truth - as I fully believe there is - of this innate character of the essential epileptic and in its amenability to psychological treatment, a certain number of potential epileptics should, if proper care be taken, never develop convulsions; a certain number of undoubted epileptics should, by suitable adjustment, not become insane; and it is hoped a very considerable proportion of all cases will be emancipated from this disease.

SUMMARY.

1. Definition of idiopathic epilepsy.
2. Organic theories explanatory of epileptic phenomena.
3. Physical versus psychological theories of causation.
4. The Colonist's point of view contrasted with that of the neurologist.
5. History of the psychological study of the epileptic.
6. Psychological characteristics of the epileptic considered in detail and the psycho-analtyic interpretation of some of them.
7. Epilepsy considered as an abnormal reaction to certain emotional states.
8. Drug therapy compared with psychotherapy in the treatment of epilepsy.

CONCLUSIONS:

1. That certain psychological characteristics exist which are peculiar to the epileptic.
2. That, in many cases, the epileptic convulsion is a physical manifestation of purely psychological processes.
3. That a psychological view is of great benefit as tending to introduce new and more satisfactory methods of treatment.

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